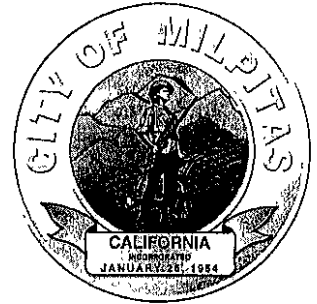


MEMORANDUM

Recreation Services



To: Parks, Recreation & Cultural Resources Commission
Through: Bonnie Greiner, Recreation Services Manager
From: Kerrilyn Ely, Recreation Services Supervisor
Subject: Youth Sports Assistance Fund Requests
Date: October 3, 2005

Background:

On October 20, 2005 the Milpitas City Council approved and appropriated \$8,000.00 for the Youth Sports Assistance Fund for the 2005-2006 budget year. Included in the Commission packet for review and consideration are two (2) Youth Sports grant applications:

One (1) Organizational Youth Sports Assistance Fund Application was received from **Red Devil's Youth Baseball Program**, requesting **\$1,000.00** to offset travel expense costs for regional baseball tournament held in Las Vegas, Nevada on October 28- 30, 2005.

One (1) Organizational Youth Sports Assistance Fund Application was received from **Southpawprep**, requesting **\$1000.00** to offset the cost of purchasing team traveling first aid kits, sports tape and a electric ball pump for practices and games.

Both applicants meet the eligibility for the grant process. Staff has reviewed the items requested and has found that the requested items meet the application guidelines, under the section, "Acceptable Funding consideration will be given, page 2 item #3 states; "To one time activities or capital equipment purchases designed to address a need or problem which organization cannot routinely finance".

There is currently a **balance of \$8,000.00** in the 2005-2006 Youth Sports Assistance Fund.

Recommendation:

Staff is recommending that the PRCRC review applications. Staff would recommend approval of two (2) group requests for \$1000.00 to Red Devil's Baseball and \$1,000.00 to Southpawprep, **leaving a balance of \$ 6000.00 for the remainder of the fiscal year.**

Please advise should you require any further information.

rec 8/23/05 @

City of Milpitas
Application for Sports Assistance Fund
Organization Request

PART I Organization Information

Name of group or organization Southpawprep
Address P.O. Box 362299
Contact Person Ralph Fields
Telephone (day) (408) 942 7737 (evening) (408) 605 2528
Describe purpose of your organization: A community outreach program for youth using the game of basketball.

How long has this organization been providing youth sports activities in Milpitas? 3 years

Non-profit I.D. # 77-0412992

PART II Activity/Program Information

Amount you are requesting \$ 1,000

Summary of proposed activity/project/program (include specifically where/how City funds would be used):
The funds will be used to purchase medical kit's and supplies so that all of our 5 travel teams can take them to practice and tourney's.

Identify other organizations who provide partial or similar activities in this community: None

Identify proposed activity/project/program goals and objectives: To ensure our program has enough medical supplies. F

Who is predominantly served by this program? Community youth.

How will this grant enhance your existing program? It will help pay for medical equipment, so every team can take a medical kit to their tourney's.

What is the alternative plan if City funding is not granted or granted at a reduced level? What impact will this have on your organization? The Alternative plan would be to raise fee's for our program's.

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested): _____

Brief budget summary of activity:

Expenses: (administration, rentals, services, supplies, travel, etc.)

Be Specific.

	<u>Amount</u>
5 Medical Kit's	\$ 5 x 160. ⁰⁰ = 800. ⁰⁰
1 Refill Kit	\$ 80. ⁰⁰
1 Prewrap ankle tape	\$ 20. ⁰⁰
1 sports tape	\$ 50. ⁰⁰
1 Ball pump	\$ 110. ⁰⁰
	\$ Tax 85. ⁰⁰
	\$ Shipping Handling 40. ⁰⁰
	\$
TOTAL	\$ 1185. ⁰⁰

PART IV Background Information

Describe current activities and scope of services provided: A select traveling basketball teams for boys and girls from the age 11-18.

Main geographical service area: Milpitas

Describe user and/or participant eligibility requirements: Kids who love to play Basketball.

Organization Statistics (participation totals)

Numbers of

Boys	40	_____
Girls	30	_____
Participants under 8 years of age		_____
" 5 " 11 years of age		_____
" 50 " 14 years of age		_____
" 15 " 18 years of age		_____
" over 18 years of age		_____

Assurances

THE APPLICANT HEREBY PROPOSES to provide the activity/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as duly authorized representative of the applicant organization, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 8/23/2005

Southpawprep
(Agency Name)

Representative: Ralph Fields

Title: C.E.O.

RCS_46162_V

rec'd 8/12/05
P

City of Milpitas
Application for Sports Assistance Fund
Organization Request

PART I Organization Information

Name of group or organization Ped Devils
Address 123 Beacon Drive, Milpitas, CA 95035
Contact Person Denise Ames
Telephone (day) 408-839-7198 (cell) (evening) 408-946-4666
510-608-7192 (work)
Describe purpose of your organization: Baseball travelling team

How long has this organization been providing youth sports activities in Milpitas? 3 years
Non-profit ID. # 91-2197926

PART II Activity/Program Information

Amount you are requesting \$ 1000.00

Summary of proposed activity/project/program (include specifically where/how City funds would be used):
tournament fees and offset travel costs
such as hotel & airfare for those players
not able to afford it. Las Vegas tournament
in October

Identify other organizations who provide partial or similar activities in this community: don't know

Identify proposed activity/project/program goals and objectives: enhance baseball
skills, promote team building skills

Who is predominantly served by this program? baseball players 18 years
old and younger

How will this grant enhance your existing program? by allowing our team
to be able to help those players
unable to pay for fees & uniforms
travel costs such as hotel & airfare.

What is the alternative plan if City funding is not granted or granted at a reduced level? What impact will this have on your organization? to do fundraising such as
car washes, hosting tournaments
we plan to do these activities as
well.

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested):

\$700 per player roughly plus tourn. fee + transport

Brief budget summary of activity:

Expenses: (administration, rentals, services, supplies, travel, etc.)

Be Specific.

	<u>Amount</u>
<u>tournament fee</u>	\$ <u>550.00</u>
<u>Airfare per player</u>	\$ <u>250.00</u>
<u>Hotel per player x 3 nights</u>	\$ <u>300.00</u>
<u>transportation (van)</u>	\$ <u>300.00</u>
<u>food per player x 3 days</u>	\$ <u>150.00</u>
	\$
	\$
	\$
	\$
TOTAL	\$ <u>1550.00</u>

PART IV Background Information

Describe current activities and scope of services provided:

To promote leadership & team skills. Teach and enhance baseball skills of all levels.

Main geographical service area:

MILPITAS / SAN JOSE

Describe user and/or participant eligibility requirements:

18 yrs old or younger
basic baseball skills

Organization Statistics (participation totals)

Numbers of

Boys	<u>17</u>
Girls	<u>0</u>
Participants under 8 years of age	<u>0</u>
" " 11 years of age	<u>0</u>
" " 14 years of age	<u>0</u>
" " 18 years of age	<u>12</u>
" over 18 years of age	<u>5</u>

Assurances

THE APPLICANT HEREBY PROPOSES to provide the activity/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as duly authorized representative of the applicant organization, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 8-10, 2005

Red Devils
(Agency Name)

Representative: Denise Ames

Title: Manager

RCS_46162_V

CITY OF MILPITAS
Youth Sports Grant Applicant
Travel Information Sheet

Name of Individual: Denise Ames for Red Devils
Address: 123 Beacon Dr, Milpitas, CA 95035
Telephone (day): 408 839 7198 (cell) (evening): _____
510 608 7192 (work)

Budget summary of travel expenses:
Be specific by indicating length of stay, main transportation carrier (i.e. American Airlines, Avis, etc.)

Travel Destination: Las Vegas
Tournament/Competition Dates: Oct 28 - 30, 2005

Transportation:

Airline: <u>Southwest</u>	\$ <u>\$250.00</u>
Car (rental and/or own): <u>Van (approx)</u>	\$ <u>\$300.00</u>
Bus: _____	\$ _____
Train: _____	\$ _____
Other: _____	\$ _____

Registration/Tournament /Entry Fee:

Administration Cost: <u>\$ 550.00</u>	\$ <u>550.00</u>
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Food:

Number of Days: <u>3 x \$50/day</u> <u>per person</u>	\$ <u>150.00</u> <u>300.00</u>
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Lodging:

Hotel: <u>TREASURE ISLAND</u>	\$ <u>129/night (4 plys per room)</u>
Motel: _____	\$ _____
Other: _____	\$ _____

Additional Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Travel Expenses: \$ _____